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Theresa Popehn (Depositor's name) (Signature)

			•		12/14/2004	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/401,636	09/22/1999	<u> </u>	Dr. Lars T. Hellman		10223-006001	4922
TITLE OF INVENTION: ENCHANCED VACCINES IMMUNOGENIC POLYPEPTIDES FOR INDUCING ANTI-SELF IGE RESPONSES						
APPLN. TYPE	SMALL ENTITY	ISSUE	FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	02/28/2005
EXAMINER		ARTU	· · · · · · · · · · · · · · · · · · ·	CLASS-SUBCLASS]	
HUYNH, PHUONG N.		164	1644 424-085100			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			 For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Fish & Richardson P.C., P.A. 3. 			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE (CITY and STATE OR COUNTRY) Resistentia Pharmaceuticals AB SWEDEN						
Please check the appropriate assignee category or categories (will not be printed on the patent):] individual [X] corporation or other private group entity] government						
4a. The following fee(s) are [X] Issue Fee [X] Publication Fee [X] Advance Order - # of	– Publication Fee	4b. Payment of Fee(s): [X] A check in the amount of the fee(s) is enclosed. [] Payment by credit card. Form PTO-2038 is attached. [X] The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050 (enclose an extra copy of this form). (if any) or to re-apply any previously paid issue fee to the application identified above.				
Election of a state to supply the local and a substance of the supply state for the apply state for the ap						

(Authorized Signature)

Elizabeth N. Kaytor, Ph.D.

53,103

(Date) December 14, 2004

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12/20/2004 BABRAHA2 00000014 09401636

01 FC:2501 02 FC:1504 03 FC:8001

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Attorney's Docket No.: 10223-006001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lars Hellman

Art Unit :

1644

Serial No.: 09/401,636

Examiner:

Phuong N. Huynh

Filed

: September 22, 1999

Confirmation No.:

4922

Title

Notice of Allowance Date: November 30, 2004 : IMMUNOGENIC POLYPEPTIDES FOR INDUCING ANTI-SELF IGE

RESPONSES

MAIL STOP ISSUE FEE

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

RESPONSE TO NOTICE OF ALLOWANCE

In response to the Notice of Allowance mailed November 30, 2004, enclosed are a completed issue fee transmittal form PTOL-85b and a check for \$1030 for the required issue fee, publication fee, and patent copies.

Please apply any additional charges or credits to our Deposit Account No. 06-1050.

Respectfully submitted,

December 14, 2004

Reg. No. 53,103

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